

## Application for Federal Assistance SF-424

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify):

\* 3. Date Received:

06/24/2021

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

### 8. APPLICANT INFORMATION:

\* a. Legal Name:

Allegheny County

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

256001017

\* c. Organizational DUNS:

0019057360000

### d. Address:

\* Street1:

436 Grant Street

Street2:

\* City:

Pittsburgh

County/Parish:

Allegheny

\* State:

PA: Pennsylvania

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

152192111

### e. Organizational Unit:

Department Name:

Allegheny County Health Dept

Division Name:

### f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

\* First Name:

Jayme

Middle Name:

\* Last Name:

Graham

Suffix:

Title:

Program Manager

Organizational Affiliation:

\* Telephone Number:

4125788129

Fax Number:

\* Email:

Jayme.Graham@alleghenycounty.us

## Application for Federal Assistance SF-424

### \* 9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

### \* 10. Name of Federal Agency:

Environmental Protection Agency

### 11. Catalog of Federal Domestic Assistance Number:

66.956

CFDA Title:

Targeted Airshed Grant Program

### \* 12. Funding Opportunity Number:

EPA-OAR-OAQPS-21-03

\* Title:

2021 Targeted Airshed Grant Program

### 13. Competition Identification Number:

Title:

### 14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

### \* 15. Descriptive Title of Applicant's Project:

ACHD Port Authority

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\* a. Applicant PA014

\* b. Program/Project PA018

Attach an additional list of Program/Project Congressional Districts if needed.

1236-congressional districts.pdf

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date: 01/01/2022

\* b. End Date: 12/31/2026

**18. Estimated Funding (\$):**

* a. Federal	7,516,950.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	7,516,950.00

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix: Mr. \* First Name: William

Middle Name:

\* Last Name: McKain

Suffix:

\* Title: County Manager

\* Telephone Number: 412-350-5300 Fax Number:

\* Email: William.McKain@alleghenycounty.us

\* Signature of Authorized Representative: William McKain \* Date Signed: 06/24/2021